

**POWER OF ATTORNEY
AND
CORRESPONDENCE ADDRESS
INDICATION FORM**

| | |
|--------------------------------|-----------------------|
| Application Number: | 10/593,951 |
| Filing Date: | October 18, 2007 |
| First Named Inventor: | Douglas STOREY |
| Art Unit: | 1657 |
| Examiner Name: | Tiffany Maureen Gough |
| Attorney Docket Number: | UNTI:069US |

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 32425

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please recognize or change the correspondence address for the above-identified application to:

☒ The address associated with Customer Number: 32425

OR

☐ Firm or
Individual Name

Address

City

State

Zip

Country

Telephone

Email

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE OF APPLICANT OR ASSIGNEE OF RECORD

Signature

Name

**Kevin S. Casement, Ph.D.
Vice President
Licensing & Business Development**

Title and Company

UTI LIMITED PARTNERSHIP

Telephone

408.270.2429

Date

MAY 8, 2009

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.